

Turtle Mountain Communications' Demonstration of Ability to Function in Emergency Situations

Turtle Mountain Communications ("Company") hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)² and North Dakota Administrative Code 69-09-05-12. The Company's voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building can be supplied with standby generators and has battery back-up that enables the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company's central office can maintain 8 hours, plus or minus 15 percent, of battery reserve rated for peak traffic load requirements, and a permanent auxiliary power unit is installed or a mobile power source is available which can be delivered and connected within four hours. The Company has battery backup at all office locations and in its electronic equipment sites capable of running for a minimum of 8 hours, plus or minus 15

² Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

percent. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at twenty-two of the thirty-one Central Office locations with a mobile power source available at the other nine Central Office locations within four hours. They will continue to run as long as the Company has access to fuel. The Company tests the batteries at least once per year.

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	TURTLE MOUNTAIN COMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	posters@utma.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	TURTLE MOUNTAIN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	posters@utma.com

<711>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(900) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	TURTLE MOUNTAIN COMMUNICATIONS, INC.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com
<810>	Reporting Carrier	Turtle Mountain Communications, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

United Telephone Mutual Aid Corporation and Turtle Mountain Communications ("Company") is a state-designated ETC serving Tribally-owned lands in North Dakota. The Tribally-owned lands are in Belcourt in Rolette County and belong to the Turtle Mountain Band of Chippewa Indians. The company serves approximately 72 square miles and has a population of 5,815. The Company provides voice and broadband service throughout the population of the Tribally-owned land.

Section 54.313(a)(9) of the rules of the Federal Communications Commission ("FCC") required the Company to provide documents and information regarding discussions that the Company had with Tribal governments located within the Company's service area. The Company certifies that it followed the guidance outlined in the FCC's July 19, 2012 Public Notice¹ wherein the FCC issued guidance on the Tribal government engagement obligation provisions of the Connect America Fund.

The Company initiated the engagement process in 2012 and continued the engagement in 2013. The Company's discussions with Tribal representatives included the items outlined in the FCC's Further Guidance:

- Needs assessment and deployment planning
- Feasibility and sustainability planning
- Marketing services in a culturally sensitive manner
- Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review process
- Compliance with Tribal business licensing requirements

The following summarizes the meetings held between officials at the Company and the Tribal government:

I. Engagement: January 15, 2013

United/Turtle Mountain Communications

Dennis Hansel, Assistant Manager

Ross Feil, Facility Manager

Turtle Mountain Band of Chippewa

Bruce Nadeau, THPO

Russell Davis, THPO

Bureau of Indian Affairs

Lynden Desjarlais, Deputy Supt.

Lynn Allick, Realty Officer

¹ See Office of Native Affairs and Policy, Wireless Telecommunications Bureau, and Wireline Competition Bureau Issue Further Guidance on Tribal Government Engagement Obligation Provisions of the Connect America Fund, Public Notice, DA 12-1165, WC Docket No. 10-90 et al. (July 19, 2012) ("Further Guidance").

Marilyn Bercier, via telephone

Meet at the meeting room of Turtle Mountain Communications located at 617 Main Ave West, Rolla, ND. Discussed the FFTP project on the Turtle Mountain Reservation and reviewed the project and discussed future projects that should be taken into account on phase 1 of the FFTP project.

II. Engagement: June 28, 2013

United/Turtle Mountain Communications

Perry Oster, General Manager

Dennis Hansel, Assistant General Manager

Ross Feil, Facility Manager

Turtle Mountain Band of Chippewa

Richard McCloud, Tribal Leader

Rick Davis, T.E.R.O.

Meet at the Tribal Headquarter Building in Rolla, ND. Discussed a T.E.R.O. complaint filed by Schnidler's Cable TV. Also discussed future economic development at the Sky Dancer Hotel and Casino with the possible development of strip malls.

III. Engagement: Various times throughout the year

United/Turtle Mountain Communications

Dennis Hansel, Assistant General Manager

Ross Feil, Facility Manager

Turtle Mountain Band of Chippewa

Alan Malaterre, Property and Supply

Rick Davis, T.E.R.O.

Ron Trottier, Jr., Transportation and Planning

The Company includes herein documentation of its Tribal business license.

3171

TURTLE MOUNTAIN COMMUNICATION, INC.P.O. BOX 729
LANGDON, ND 58249

DATE 6/24/13

77-296-913

PAY
TO THE
ORDER OF

TRIBAL EMPLOYMENT RIGHTS OFFICE

\$ 150.00

ONE HUNDRED FIFTY AND 00/100

DOLLARS

TRIBAL BUSINESS LICENSE				

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

⑈003171⑈ ⑆091302966⑆ 6811036151⑈

CHOICE FINANCIAL
218 Eighth Ave.
Langdon, ND 58249
(701) 256-2147
BANKING | INVESTMENTS | MORTGAGES#675
2.6728.0004

Tribal Employment Rights Office

P.O. BOX 900

or (701) 477-2662

Fax (701) 477-5134

1-6728

Langdon, ND 58249

APPROVED
JUN 20 2013
PERRY OSTER



UTMA & Turtle Mountain Comm. 381636
411 7th Avenue
PO Box 729
Langdon, ND 58249-0729
701-256-5156

REDACTED FOR RELEASE DETACH AND RETAIN

No. 74954

Date: 05/10/2013

DATE	INVOICE	DESCRIPTION	GL ACCOUNT	AMOUNT
05/09/2013	20130510083902	TRIBAL LICENSE	26728.0004	150.00
Vendor: 675 TRIBAL EMPLOYMENTS RIGHTS OFFICE				Totals: 150.00



411 7th Avenue
PO Box 729
Langdon, ND 58249-0729
701-256-5156

GENERAL FUND

No. 74954

77-296/913

Choice Financial Group
Langdon, ND

VOID AFTER 120 DAYS

PAY TRIBAL EMPLOYMENTS RIGHTS OFFICE
TO PO BOX 900
THE BELCOURT ND 58316
ORDER
OF

DATE	CHECK NO.	AMOUNT
05/10/2013	74954	\$*****150.00

675

NON-NEGOTIABLE

Tribal Employment Rights Office

Phone (701) 477-2663
or (701) 477-2662
Fax (701) 477-5134

Langdon, ND 58249

[illegible]

REDACTED FOR PUBLIC INSPECTION

REDACTED – FOR PUBLIC INSPECTION

TURTLE MOUNTAIN COMMUNICATIONS, INC. (SAC 381636)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481 - Carrier Annual Reporting Data Collection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 0540-0047/OMB Control No. 3020-0819 July 2012 Edition
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<010> Study Area Code	381636
<015> Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Perry Oster
<035> Contact Telephone Number: Number of the person identified in data line <030>	7012565156 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	poster@utma.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110> (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005> (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet		
<3000> (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005> (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	381636
<015> Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Perry Oster
<035> Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

381636nd112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>
<115> How (USF) was used to improve service quality	<input type="checkbox"/>
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<015>	Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
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<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
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<039>	Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com
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[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0815
July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com
<810>	Reporting Carrier	United Telephone Mutual Aid Corporation
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

<910> Tribal Land(s) on which ETC Serves

Turtle Mountain Band of Chippewa


<920> Tribal Government Engagement Obligation

381636nd920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)
Yes

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	381636
<015> Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Perry Oster
<035> Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.utma.com/link-up.php>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381636
<015>	Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Perry Oster
<035>	Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	posters@utma.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions
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Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

(5000) Rate Of Return Carrier Additional Documentation

Data Collection Form

RRC Form 482

OMB Control No. 3060-0586 OMB Control No. 3060-0619

July 2013

<010> Study Area Code 381636
 <015> Study Area Name UNITED TELEPHONE MUTUAL AID CORP.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Perry Oster
 <035> Contact Telephone Number - Number of person identified in data line <030> 7012565156 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> pster@utma.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
 (Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

381636nd3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	ROC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0813 July 2013
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<010> Study Area Code	381636
<015> Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Perry Oster
<035> Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0286/OMB Control No. 3060-0619 July 2013
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<010> Study Area Code	381636
<015> Study Area Name	UNITED TELEPHONE MUTUAL AID CORP.
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Perry Oster
<035> Contact Telephone Number - Number of person identified in data line <030>	7012565156 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	poster@utma.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Perry Oster</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>Perry Oster</u>	
Name of Reporting Carrier: <u>UNITED TELEPHONE MUTUAL AID CORP.</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/25/2014</u>
Printed name of Authorized Officer: <u>Perry Oster</u>	
Title or position of Authorized Officer: <u>General Manager/CEO</u>	
Telephone number of Authorized Officer: <u>7012565156 ext.102</u>	
Study Area Code of Reporting Carrier: <u>381636</u>	Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>UNITED TELEPHONE MUTUAL AID CORP.</u>	
Name of Authorized Agent or Employee of Agent: <u>John Staurulakis, Inc.</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/25/2014</u>
Printed name of Authorized Agent or Employee of Agent: <u>Cassandra Heyne</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Consultant</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>3014597590 ext.</u>	
Study Area Code of Reporting Carrier: <u>381636</u>	Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	